

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (number and street)

9900 Bren Road East

☐Check if different  
than previously  
reported. (ACC)

Minnetonka

MN

55343

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00274431

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☒July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Susan Sherwood

Signature of Treasurer

Electronically Filed by Susan Sherwood

Date

07

26

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>2011</div></div>	<div>80071.92</div>
(b) Cash on Hand at Beginning of Reporting Period .....	<div>80071.92</div>	
(c) Total Receipts (from Line 19) .....	<div>245464.84</div>	<div>245464.84</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<div>325536.76</div>	<div>325536.76</div>
7. Total Disbursements (from Line 31) .....	<div>200400.00</div>	<div>200400.00</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>125136.76</div>	<div>125136.76</div>
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	202009.65	202009.65
(ii) Unitemized .....	32881.66	32881.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	234891.31	234891.31
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	234891.31	234891.31
12. Transfers From Affiliated/Other Party Committees .....	10573.53	10573.53
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	245464.84	245464.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	245464.84	245464.84

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	176500.00	176500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	5000.00	5000.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ..... ➤	5000.00	5000.00	
29. Other Disbursements.....	18900.00	18900.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	200400.00	200400.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	200400.00	200400.00	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	234891.31	234891.31
34. Total Contribution Refunds (from Line 28(d)) .....	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	229891.31	229891.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Judah C. Sommer

Mailing Address 701 Pennsylvania Ave NW  
Suite 530/650

City State Zip Code  
Washington DC 20004-2606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 1 1

Transaction ID: 33029906

Amount of Each Receipt this Period

5000.00

Contribution from Individual

**B.**

Full Name (Last, First, Middle Initial)

NANCY MELLISON

Mailing Address PO BOX 82872

City State Zip Code  
KENMORE WA 98028

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 1

Transaction ID: 33119035

Amount of Each Receipt this Period

350.00

Contribution from Individual

**C.**

Full Name (Last, First, Middle Initial)

Stephen J. Hemsley

Mailing Address 622 Ferndale Road West

City State Zip Code  
Wayzata MN 55391-9628

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UnitedHealth Group, Inc.

Occupation  
President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: 33419172

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

10350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

ANTHONY J KAZLAUSKAS

Mailing Address 11 CARNIVAL TERRACE

City

WEST WARWICK

State

RI

Zip Code

02893

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Sr Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159794626263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CARLA M MUGGIO

Mailing Address 3533 FAIR OAKS LANE

City

LONGBOAT KEY

State

FL

Zip Code

34228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Network Contract Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159798226263

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KEITH W NOBLITT

Mailing Address 122 SOUTH OAK POINTE DR

City

SENECA

State

SC

Zip Code

29672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SCE 3 - Natl Accts Indiv Contr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159805526263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

769.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JAMES S WATSON III

Mailing Address 6520 SHENANDOAH DR

City

LINCOLN

State

NE

Zip Code

68510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159806026263

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM P WHITELEY

Mailing Address 2657 WOODBRIDGE RD

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159812626263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

WAYNE F COOK

Mailing Address 1200 PEBBLE HILL ROAD

City

DOYLESTOWN

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159812826263

Amount of Each Receipt this Period

780.00

P/R Deduction (\$60.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

3604.90

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DAVID S WICHMANN

Mailing Address 7000 ANTRIM ROAD

City

EDINA

State

MN

Zip Code

55439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

EVP & Pres UHG Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159814726263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

PATRICK J ERLANDSON

Mailing Address 2407 LAKE PLACE

City

MINNEAPOLIS

State

MN

Zip Code

55405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Business Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159815926263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA R SAURO

Mailing Address 8943 HIDDEN MEADOW R

City

WOODBURY

State

MN

Zip Code

55125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Business Segment CAO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159816426263

Amount of Each Receipt this Period

780.00

P/R Deduction (\$60.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

5779.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM A MUNSELL

Mailing Address 2119 WINDSONG CIRCLE

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

EVP UnitedHealth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159816626263

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JOHN S PENSHORN

Mailing Address 120 BLACK OAKS LANE

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP UnitedHealth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159816926263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

PAUL D KALLMEYER

Mailing Address 468 HERALD DR

City

AMBLER

State

PA

Zip Code

19002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Deputy General Counsel (Mgr)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159817426263

Amount of Each Receipt this Period

650.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

4449.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

TIMOTHY F RYAN

Mailing Address 4913 BRUCE AVE

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Business Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159817926263

Amount of Each Receipt this Period

247.00

P/R Deduction (\$19.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

THOMAS J QUIRK

Mailing Address 4307 BEECHWOOD LANE

City

DALLAS

State

TX

Zip Code

75220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159819126263

Amount of Each Receipt this Period

1050.00

P/R Deduction (\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

REED V TUCKSON, M.D.

Mailing Address 3501 ZENITH AVE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

EVP Consumr Health & Med Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159819826263

Amount of Each Receipt this Period

1499.94

P/R Deduction (\$115.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2796.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM C TRACY

Mailing Address 13016 CANTERBURY

City

LEAWOOD

State

KS

Zip Code

66209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159821526263

Amount of Each Receipt this Period

750.10

P/R Deduction (\$57.70 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CAROL M SCHNEEWEIS

Mailing Address 16907 49TH PLACE N

City

PLYMOUTH

State

MN

Zip Code

55446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Dir Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159823526263

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

RICHARD J MIGLIORI

Mailing Address PO BOX 72

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Bus Initiatives & Clin Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159827426263

Amount of Each Receipt this Period

999.96

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2075.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JEANNINE M RIVET

Mailing Address 4305 TRILLIUM WAY

City

MINNETRISTA

State

MN

Zip Code

55364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

EVP UnitedHealth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159830026263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JACK E SHUFF

Mailing Address 923 CONSTANCE STREET  
APT #112

City

NEW ORLEANS

State

LA

Zip Code

70130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SB RVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.76

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159830526263

Amount of Each Receipt this Period

269.76

P/R Deduction (\$39.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JILL WINTERS

Mailing Address 16 SPOEDE LN

City

SAINT LOUIS

State

MO

Zip Code

63141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1159840426263

Amount of Each Receipt this Period

702.00

P/R Deduction (\$54.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

3471.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Mr. ANTHONY WELTERS

Mailing Address 919 SAIGON ROAD

City

MCLEAN

State

VA

Zip Code

22102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

EVP UnitedHealth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1332013226263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL J BRESOLIN

Mailing Address 121 W VIEW STREET

City

LOMBARD

State

IL

Zip Code

60148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Dir Care Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1551005726263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY J HEADY

Mailing Address 19019 VOGEL FARM TRAIL

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Pharmacy Benefit Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1551122526263

Amount of Each Receipt this Period

975.00

P/R Deduction (\$75.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

3734.90

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY W KAGAN

Mailing Address 52 CRESTWOOD LANE

City

FARMINGVILLE

State

NY

Zip Code

11738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
IncOccupation  
VP Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: PR1551132326263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

GERALD JOHN KNUTSON

Mailing Address 520 KIMBERLY LN N

City

PLYMOUTH

State

MN

Zip Code

55447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
IncOccupation  
Business Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: PR1551132526263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL C MATTEO

Mailing Address 25 JEREMIAHS WAY

City

SOUTH GLASTONBURY

State

CT

Zip Code

06073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
IncOccupation  
CEO National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: PR1551133426263

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

769.99

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DAWN M OWENS

Mailing Address 2119 E LAKE OF THE ISLES PKWY

City

MINNEAPOLIS

State

MN

Zip Code

55405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Business Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: PR1551160326263

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

THOMAS J VALERIUS

Mailing Address 2820 DEER RUN TRAIL

City

LONG LAKE

State

MN

Zip Code

55356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Recruitment Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: PR1551161326263

Amount of Each Receipt this Period

999.96

P/R Deduction (\$76.92 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

LOIS T WEIHRAUCH

Mailing Address 10392 SHERMAN DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: PR1551161426263

Amount of Each Receipt this Period

708.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

3007.96

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JOHN O ENDERLE

Mailing Address 31 ANDREIS TRAIL

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1554323526263

Amount of Each Receipt this Period

1080.00

P/R Deduction (\$55.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

RICK M JELINEK

Mailing Address 5570 WOODSIDE LANE

City

SHOREWOOD

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Business Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1554323926263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL RADU

Mailing Address 42820 VIOLA CT

City

LEESBURG

State

VA

Zip Code

20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1554324526263

Amount of Each Receipt this Period

702.00

P/R Deduction (\$54.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

4281.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

CATHERINE E SPILLANE

Mailing Address 3807 PLEASANT VALLEY DRIVE

City

MISSOURI CITY

State

TX

Zip Code

77459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Dir Business Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1554324626263

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KIRK E STAPLETON

Mailing Address 3840 INGLEWOOD AVE S

City

SAINT LOUIS PARK

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Strategic Initiatives

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1554324726263

Amount of Each Receipt this Period

650.00

P/R Deduction (\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KAREN L ERICKSON

Mailing Address 15348 RED OAKS ROAD SE

City

PRIOR LAKE

State

MN

Zip Code

55372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Corporate Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1575957626263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

3399.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

ERNEST MONFILETTO

Mailing Address 3062 COMFORT ROAD

City

NEW HOPE

State

PA

Zip Code

18938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Plan President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1575958126263

Amount of Each Receipt this Period

999.96

P/R Deduction (\$76.92 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

LEE D VALENTA

Mailing Address 4701 GOLF TERRACE

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Business Segment COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1575958526263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

THOMAS S PAUL

Mailing Address 2006 QUEEN AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Business Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1580864726263

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

4799.86

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

ROBERT THOMAS WEBB

Mailing Address 4516 DREXEL AVENUE

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

CEO Care Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: PR1580865326263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

RICHARD J HUGHES

Mailing Address 735 SAINT MORITZ

City

VICTORIA

State

MN

Zip Code

55386

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Human Capital Dvlpmnt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: PR1596304126263

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

GAYE ADAMS MASSEY

Mailing Address 11641 TANGLEWOOD DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Sr Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: PR1596304526263

Amount of Each Receipt this Period

1499.94

P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

5299.84

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

GEORGE L MIKAN III

Mailing Address 4901 ROLLING GREEN PARKWAY

City

EDINA

State

MN

Zip Code

55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation  
EVP CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1596304826263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CAROL B MORNESS

Mailing Address 401 N 2ND ST UNIT 512

City

MINNEAPOLIS

State

MN

Zip Code

55401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Dir Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1596304926263

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

SCOTT E THEISEN

Mailing Address 1950 MEADOWWOODS TRAIL

City

LONG LAKE

State

MN

Zip Code

55356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation  
SVP Finance & Bus Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1596305626263

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

3249.87

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

THOMAS D LEWIS

Mailing Address 306 CHIPPEWA AVENUE

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1596306926263

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ROBERT W OBERRENDER

Mailing Address 4505 MOORLAND AVENUE

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1596307026263

Amount of Each Receipt this Period

1430.00

P/R Deduction (\$110.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DIANE BEDNAR FLYNN

Mailing Address 3318 FOXRIDGE CIRCLE

City

TAMPA

State

FL

Zip Code

33618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Medical & Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1596309726263

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2254.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

RAMON E COTO

Mailing Address 14021 LEANING PINE DRIVE

City

MIAMI LAKES

State

FL

Zip Code

33014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1596311526263

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

STEVAN D GARCIA

Mailing Address 4675 DELAWARE DRIVE

City

LARKSPUR

State

CO

Zip Code

80118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1596312926263

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KURT A HEUMANN

Mailing Address 9825 GERALD DR

City

SAINT LOUIS

State

MO

Zip Code

63128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1596313726263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

759.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

TIMOTHY T KAJA

Mailing Address 2376 GULF SHORE BLVD N

City

NAPLES

State

FL

Zip Code

34103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Provider Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.28

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1596314526263

Amount of Each Receipt this Period

342.28

P/R Deduction (\$250.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JOHN H RENNICK JR

Mailing Address 3220 LAKEWOOD EDGE DRIVE

City

CHARLOTTE

State

NC

Zip Code

28269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1596316826263

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

STEPHAN S RODGERS

Mailing Address 3455 CONGRESS STREET

City

FAIRFIELD

State

CT

Zip Code

06824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Healthcare Strategies

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1596317126263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

3092.17

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DANIEL I ROSENTHAL

Mailing Address 109 SLEEPY HOLLOW LANE

City

ORINDA

State

CA

Zip Code

94563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1596317326263

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KEVIN J RUTH

Mailing Address 16621 ALEXANDER MANOR DRIVE

City

SILVER SPRING

State

MD

Zip Code

20905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Enterprise Clinical Alignm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1596317426263

Amount of Each Receipt this Period

975.00

P/R Deduction (\$75.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MANUEL A SELVA

Mailing Address 7602 NW 127TH MANOR

City

PARKLAND

State

FL

Zip Code

33076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Sr Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1596317726263

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1474.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

M LAURIE WASSERSTEIN

Mailing Address 92 GOODWIN CIRCLE

City

HARTFORD

State

CT

Zip Code

06105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

PS National VP Account Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1596319526263

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JOHN P DODDY

Mailing Address 1 ROXITICUS VIEW

City

CHESTER

State

NJ

Zip Code

07930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1600597326263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$39.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL D MICHAUX

Mailing Address 742 GOODRICH AVE

City

SAINT PAUL

State

MN

Zip Code

55105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP & GM PCM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1600598526263

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1809.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

LEWIS G SANDY

Mailing Address 4800 SUNNYSLOPE ROAD E

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Clinical Advancement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1600598726263

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MATTHEW W PETERSON

Mailing Address 20595 SPENCER LANE

City

SHOREWOOD

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Market Group CAO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1602669926263

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY W MALONEY

Mailing Address 18076 CLEAR SPRING LANE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Operations - Evercare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1613243526263

Amount of Each Receipt this Period

1249.95

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

3849.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM F KENNEDY

Mailing Address 14 MYRA LN

City

BURLINGTON

State

CT

Zip Code

06013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Dir IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1653443126263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

STEVE R KOOREN

Mailing Address 4444 ELLSWORTH DRIVE

City

EDINA

State

MN

Zip Code

55435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Business Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1653443226263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

THOMAS J BELLAMY

Mailing Address 2743 THOMAS AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation  
SB VP Inside Sales & AM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1653444326263

Amount of Each Receipt this Period

750.10

P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

3510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

ALISTAIR D JACQUES

Mailing Address 645 OLD LONG LAKE ROAD

City

ORONO

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Business Segment CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1653445226263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. MILES S SNOWDEN

Mailing Address 4349 FREMONT AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Business Segment CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1746717826263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JEFF L LEVINE

Mailing Address 619 BOND AVE

City

REISTERSTOWN

State

MD

Zip Code

21136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

PS Mgr Acct Mgmt (FEHBP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1806443226263

Amount of Each Receipt this Period

625.00

P/R Deduction (\$-20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

5624.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM TALAMANTES

Mailing Address 11618 ROLLING MEADOW DR

City

GREAT FALLS

State

VA

Zip Code

22066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Six Sigma Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.80

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1806444726263

Amount of Each Receipt this Period

228.80

P/R Deduction (\$17.60 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

PAUL M EMERSON

Mailing Address 13904 NEVADA AVE S

City

SAVAGE

State

MN

Zip Code

55378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Business Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1806750326263

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MICHELLE D LEDELL

Mailing Address 5115 SARATOGA LANE

City

PLYMOUTH

State

MN

Zip Code

55442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Human Capital Partner (Mgr)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1882850626263

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1248.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

CATHERINE K ANDERSON

Mailing Address 37 W 2000 S

City

DRIGGS

State

ID

Zip Code

83422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Dir Marketing Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1903550726263

Amount of Each Receipt this Period

750.10

P/R Deduction (\$57.70 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KATHLEEN L BISHOP

Mailing Address 145 COTTAGE RD

City

ENFIELD

State

CT

Zip Code

06082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Dir Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1903560826263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

ROBERT J DUFEK

Mailing Address 816 PROMONTORY PLACE

City

EAGAN

State

MN

Zip Code

55123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1903577126263

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1335.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

SUSAN B EDBERG

Mailing Address 9727 WELLINGTON RIDGE

City

WOODBURY

State

MN

Zip Code

55125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1903578126263

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JOHN C SANTELLI

Mailing Address 17498 GEORGE MORAN DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1903622026263

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

PAUL D WEYMOUTH

Mailing Address 128 WOODLAND RD

City

COVENTRY

State

CT

Zip Code

06238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR1903636926263

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2849.99

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

BRADLEY E ALLEN

Mailing Address 1046 THORNBERRY CREEK DR

City

ONEIDA

State

WI

Zip Code

54155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Sr Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119466826263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

RUSSELL A BENNETT

Mailing Address 4 HALSEY AVE

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Dir Marketing Bus Dev

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119468026263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

SUSAN LYNN BERKEL

Mailing Address 10 SHADOW GLEN

City

IRVINE

State

CA

Zip Code

92620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119468126263

Amount of Each Receipt this Period

2496.00

P/R Deduction (\$192.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

3016.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

KATHIE L BRYAN

Mailing Address 912 JOSHUA PLACE

City

SAN DIEGO

State

CA

Zip Code

92154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Assoc Dir Mrkting Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119469426263

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DAVID S CARLSON

Mailing Address 13130 WESTPORT ST

City

MOORPARK

State

CA

Zip Code

93021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Dir Marketing Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119470226263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

LESLIE J CARTER

Mailing Address 19021 POPPY HILL CIRCLE

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Dir Network Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119470326263

Amount of Each Receipt this Period

1248.00

P/R Deduction (\$96.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1833.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

RANDELL J CORREIA

Mailing Address PO BOX 1025

City

RANCHO SANTA FE

State

CA

Zip Code

92067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119471326263

Amount of Each Receipt this Period

390.00

P/R Deduction (\$30.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

RICHARD A CROSS

Mailing Address 11361 DONOVAN ROAD

City

ROSSMOOR

State

CA

Zip Code

90720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Deputy General Counsel (Mgr)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119471826263

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KENNETH R DAVIS

Mailing Address 7640 N 10TH AVE

City

PHOENIX

State

AZ

Zip Code

85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119472526263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

LINDA M DAYAN

Mailing Address 5364 E ABBEYFIELD ST

City

LONG BEACH

State

CA

Zip Code

90815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119472626263

Amount of Each Receipt this Period

247.00

P/R Deduction (\$19.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ANDREA E DILWEG

Mailing Address 2321 CARROLL PK SOUTH

City

LONG BEACH

State

CA

Zip Code

90814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119472926263

Amount of Each Receipt this Period

481.00

P/R Deduction (\$37.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

ANGELO GIAMBRONE

Mailing Address 1821 PARK STREET

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation  
SVP Networks

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119475126263

Amount of Each Receipt this Period

770.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1498.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

AMY J GILDERNICK

Mailing Address 2709 WILLIAMS GRANT

City

DE PERE

State

WI

Zip Code

54115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Assoc Dir Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119475226263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DAVID M HANSEN

Mailing Address 33 VIA CONOCIDO

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1755.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119476726263

Amount of Each Receipt this Period

1755.00

P/R Deduction (\$135.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

SAMUEL W HO

Mailing Address 4220 OCEAN DR

City

MANHATTAN BEACH

State

CA

Zip Code

90266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Market Grp Chief Clinical Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.40

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119477926263

Amount of Each Receipt this Period

1999.40

P/R Deduction (\$153.80 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

4014.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

KEVIN D HOST

Mailing Address 14617 GRANT ST

City

OVERLAND PARK

State

KS

Zip Code

66221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Dir Pharmacy Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119478226263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

BRIAN JEFFREY

Mailing Address 9 RIMROCK

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Network Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119479126263

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JOHN D JONES

Mailing Address 3562 REDWOOD

City

IRVINE

State

CA

Zip Code

92606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119479226263

Amount of Each Receipt this Period

1248.00

P/R Deduction (\$96.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1833.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

HEATHER M MACE-MEADOR

Mailing Address 13531 CARLTON OAKS

City

SAN ANTONIO

State

TX

Zip Code

78232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Dir Medical & Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119482526263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

NANCY J MONK

Mailing Address 12271 CHIANTI DRIVE

City

LOS ALAMITOS

State

CA

Zip Code

90720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Govt Affairs & Compl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119484326263

Amount of Each Receipt this Period

650.00

P/R Deduction (\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KEITH E NYGARD

Mailing Address 1139 E OCEAN BOULEVARD  
#106

City

LONG BEACH

State

CA

Zip Code

90802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Assoc Dir Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119485026263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

LYNDA A PAXSON

Mailing Address 3924 E GARNET PL

City

HIGHLANDS RANCH

State

CO

Zip Code

80126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Sr Field Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119485826263

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

AUSTIN T PITTMAN

Mailing Address 14 LOCH RIDGE DRIVE

City

GREENSBORO

State

NC

Zip Code

27408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Chief Growth Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1755.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119486726263

Amount of Each Receipt this Period

1755.00

P/R Deduction (\$135.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CYNTHIA L POLICH

Mailing Address 3401 E VIA PALOMITA

City

TUCSON

State

AZ

Zip Code

85718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

President Ovations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119486826263

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

3380.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

SHARON A RICCIUTI

Mailing Address 55 PERENNIAL

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Dir Clinical Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119487926263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MARILYNN D STYERS

Mailing Address 6485 WAYFINDERS CT

City

CARLSBAD

State

CA

Zip Code

92009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Medical & Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119490726263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CHERYL TANIGAWA, MD

Mailing Address 5598 NAPLES CANAL

City

LONG BEACH

State

CA

Zip Code

90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Enterprise Health Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119491126263

Amount of Each Receipt this Period

650.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1170.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

STEVEN M TUCKER

Mailing Address 211 LOCKFORD

City

IRVINE

State

CA

Zip Code

92602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: PR2119492026263

Amount of Each Receipt this Period

1248.00

P/R Deduction (\$96.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

SUSAN VANASTEN

Mailing Address W313 GOLDEN GLOW RD

City

KAUKAUNA

State

WI

Zip Code

54130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Site Dir Medicare Inside Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: PR2119492626263

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

LINDA D DAUGHERTY

Mailing Address 15442 NORTH 19TH WAY

City

PHOENIX

State

AZ

Zip Code

85022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: PR2119493526263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

2028.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

GREGORY WRIGHT

Mailing Address 13901 MAUVE DRIVE

City

SANTA ANA

State

CA

Zip Code

92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2119494126263

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

FORREST G BURKE

Mailing Address 380 LEAF STREET

City

ORONO

State

MN

Zip Code

55356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

President PS Labor & Trust

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2133132426263

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CHARLES W HANSON

Mailing Address 4133 WHITE OAK LN

City

EXCELSIOR

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2133133126263

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
BROR O HULTGREN

Mailing Address 408 22ND ST

City State Zip Code  
GOLDEN CO 80401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2133133226263

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
CAROLYN MAGILL HANSON

Mailing Address 1 ALEXANDER STREET  
#1201

City State Zip Code  
YONKERS NY 10701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2133133526263

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
ALLEN D MILLER

Mailing Address 6209 CRESCENT DRIVE

City State Zip Code  
EDINA MN 55436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2133133626263

Amount of Each Receipt this Period

455.00

P/R Deduction (\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1204.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

SUSAN C MORISATO

Mailing Address 238 ARDMORE ROAD

City

DES PLAINES

State

IL

Zip Code

60016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

President Insurance Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2133133826263

Amount of Each Receipt this Period

1950.00

P/R Deduction (\$150.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

T JEFFREY PUTNAM

Mailing Address 303 ELMWOOD PLACE WEST

City

MINNEAPOLIS

State

MN

Zip Code

55419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Financial Png & Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2133134226263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DIANE M SCHIMMELBUSCH

Mailing Address 2203 RIVER FALLS DRIVE

City

KINGWOOD

State

TX

Zip Code

77339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Dir Medical & Clinical Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2133134626263

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

4774.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

ROBERT C FALKENBERG

Mailing Address 6069 WEATHERED OAK CT

City State Zip Code  
 WESTERVILLE OH 43082

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2145728426263

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ROB FARAHANI

Mailing Address PO BOX 704

City State Zip Code  
 HUNTINGTON NY 11743

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Dir IT Project Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2145728526263

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CARL T KIDD

Mailing Address 12210 OYSTER COVE COURT

City State Zip Code  
 STAFFORD TX 77477

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Dir Client Svc Acct Mgt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.05

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2145728826263

Amount of Each Receipt this Period

375.05

P/R Deduction (\$28.85 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1375.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

NANCY E LINDIMORE

Mailing Address 8256 SNEAD WAY

City

WESTERVILLE

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2145728926263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

WAYNE MILLER

Mailing Address 19521 SIERRA SOTO RD

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

RVP Client Mgmt & Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2145729226263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL P SCHWARZ

Mailing Address 13935 WOODRIDGE PATH

City

SAVAGE

State

MN

Zip Code

55378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2145729726263

Amount of Each Receipt this Period

455.00

P/R Deduction (\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DANNETTE L SMITH

Mailing Address 5414 BYSCANE LANE

City

MINNETONKA

State

MN

Zip Code

55345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Sr Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2145729926263

Amount of Each Receipt this Period

1499.94

P/R Deduction (\$115.38 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MARGARET W WEAR

Mailing Address 44 TOPANGA

City

IRVINE

State

CA

Zip Code

92602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2145730226263

Amount of Each Receipt this Period

650.00

P/R Deduction (\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DAVID A SPIVACK

Mailing Address 37 HIDDEN TRAIL

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Business Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2162867626263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

4649.84

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

CHRISTINE W GIBSON

Mailing Address 8516 29TH AVE N

City

NEW HOPE

State

MN

Zip Code

55427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Market Grp Chief Mktg Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2225166726263

Amount of Each Receipt this Period

1499.94

P/R Deduction (\$115.38 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ANDREW M SLAVITT

Mailing Address 5125 MIRROR LAKES DRIVE

City

EDINA

State

MN

Zip Code

55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Business Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2225167426263

Amount of Each Receipt this Period

3250.00

P/R Deduction (\$250.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JEAN-FRANCOIS BEAULE

Mailing Address 7 STRATFORD RD

City

FARMINGTON

State

CT

Zip Code

06032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2225813626263

Amount of Each Receipt this Period

750.10

P/R Deduction (\$-307.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

5500.04

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

CHARLES W MARTEL

Mailing Address 676 LAKE SUSAN HILLS DRIVE

City

CHANHASSEN

State

MN

Zip Code

55317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Dir IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2225818626263

Amount of Each Receipt this Period

230.00

P/R Deduction (\$-10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL MCGUIRE

Mailing Address 437 DRURY LANE

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2225818826263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

ERIC S RANGEN

Mailing Address 15348 RED OAKS ROAD SE

City

PRIOR LAKE

State

MN

Zip Code

55372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation  
SVP Chief Accounting Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2225819326263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2989.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JOHN D RYAN

Mailing Address 45 WESTMORELAND LN

City

NAPERVILLE

State

IL

Zip Code

60540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

RVP Client Mgmt & Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2225819626263

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KAREN A DIPALMO

Mailing Address 7533 PRAIRIE VIEW DR

City

INDIANAPOLIS

State

IN

Zip Code

46256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Golden Rule Financial Cor-  
p.

Occupation

Dir Network Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2231347226263

Amount of Each Receipt this Period

390.00

P/R Deduction (\$30.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JEFFERY A DROZDA

Mailing Address 9765 GRACE LANE

City

CLINTON

State

LA

Zip Code

70722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Govt Rel Assoc Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2231347426263

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1409.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DONALD M MUDGETT

Mailing Address 8131 LAKE POINT WAY

City

INDIANAPOLIS

State

IN

Zip Code

46256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Golden Rule Financial Cor-  
p.

Occupation

Assoc Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2231351926263

Amount of Each Receipt this Period

254.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DARRELL S RICHEY

Mailing Address 7244 TULIPTREE TRAIL

City

INDIANAPOLIS

State

IN

Zip Code

46256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Golden Rule Financial Cor-  
p.

Occupation

Deputy General Counsel (Mgr)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2231352326263

Amount of Each Receipt this Period

1040.00

P/R Deduction (\$80.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL R CONNLY

Mailing Address 570 MONTCALM PL

City

SAINT PAUL

State

MN

Zip Code

55116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Chief Technology Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2247625826263

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2594.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH R CARCIONE JR

Mailing Address 11 CARRIAGE WAY

City

WHITE PLAINS

State

NY

Zip Code

10605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2247626826263

Amount of Each Receipt this Period

750.10

P/R Deduction (\$57.70 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KEVIN DAVID KANTOLA

Mailing Address 7031 HALSTEAD DRIVE

City

MINNETRISTA

State

MN

Zip Code

55364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Dir IT Architecture

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2247627026263

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DENNIS P O'BRIEN

Mailing Address 61 LOUGHLIN AVE

City

COS COB

State

CT

Zip Code

06807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

RVP Network Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2247627326263

Amount of Each Receipt this Period

750.10

P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1825.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JEFFERY RICHARD VERNEY

Mailing Address 266 WESTLEDGE ROAD

City

WEST SIMSBURY

State

CT

Zip Code

06092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2247627426263

Amount of Each Receipt this Period

750.10

P/R Deduction (\$57.70 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DARRELL BROOKS

Mailing Address 425 QUEENSLAND LANE NORTH

City

PLYMOUTH

State

MN

Zip Code

55447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2247627626263

Amount of Each Receipt this Period

750.10

P/R Deduction (\$57.70 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

SANJAY GARODIA

Mailing Address 282 MIDDAUGH

City

CLARENDON HILLS

State

IL

Zip Code

60514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

COO IBS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2247627826263

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2000.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JACQUELINE B KOSECOFF

Mailing Address 1474 BIENVENEDA AVE

City

PACIFIC PALISADES

State

CA

Zip Code

90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Business Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2247627926263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DANIEL L OHMAN

Mailing Address 8970 MOOR PARK RUN

City

DULUTH

State

GA

Zip Code

30097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Region CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2247628026263

Amount of Each Receipt this Period

349.96

P/R Deduction (\$26.92 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JOHN M PRINCE

Mailing Address 546 HARRINGTON ROAD

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Business Segment COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2259738426263

Amount of Each Receipt this Period

1261.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

4110.86

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

CHRIS CRONN

Mailing Address 1611 W 5TH ST APT 232

City

AUSTIN

State

TX

Zip Code

78703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
IncOccupation  
Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: PR2270522926263

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

JEANNE M DE SA

Mailing Address 3000 TILDEN STREET NW #204-1

City

WASHINGTON

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
IncOccupation  
Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: PR2402315926263

Amount of Each Receipt this Period

650.00

P/R Deduction (\$50.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

ANGELA DAWN KEPLEY CARRIER

Mailing Address 3219 PENINSULA DRIVE

City

JAMESTOWN

State

NC

Zip Code

27282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
IncOccupation  
Dir Case Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: PR2402317726263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

1409.98

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MARILYN LEVI-BAUMGARTEN

Mailing Address 4800 W 27TH ST

City

SAINT LOUIS PARK

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
United HealthCare Services  
Inc

Occupation

Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: PR2402317926263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JAKE LOGAN

Mailing Address 5520 CHEERY LYNN ROAD

City

PHOENIX

State

AZ

Zip Code

85018

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
United HealthCare Services  
Inc

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: PR2402318226263

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MARIA MCCAULEY

Mailing Address 15916 MARSHFIELD DRIVE

City

TAMPA

State

FL

Zip Code

33624

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
United HealthCare Services  
Inc

Occupation

Sr Project Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: PR2402318426263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

845.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JILL RIVERS

Mailing Address 6648 DASHER COURT

City

COLUMBIA

State

MD

Zip Code

21045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Director HHS Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2402319526263

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

LORI K SWEERE

Mailing Address 11826 GERMAINE TERRACE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

EVP Human Capital

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2402320226263

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JAY M ANLIKER

Mailing Address 4306 MOUNTAIN LANE

City

WAUSAU

State

WI

Zip Code

54401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

CEO TPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2402445026263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1885.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JAMES C COLEMAN

Mailing Address 4135 ETHAN DRIVE

City

EAGAN

State

MN

Zip Code

55123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Employee Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2402445226263

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JAMES D DONOVAN

Mailing Address 2816 MONTREAU DRIVE

City

FRISCO

State

TX

Zip Code

75034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Bus Dev and Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2402445326263

Amount of Each Receipt this Period

845.00

P/R Deduction (\$65.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JOHN L LARSEN

Mailing Address 11688 TANGLEWOOD DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Business Segment CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2402445626263

Amount of Each Receipt this Period

650.00

P/R Deduction (\$193.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2795.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

KARA J RIOS

Mailing Address 5116 DUGGAN PLAZA

City

EDINA

State

MN

Zip Code

55439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2402445726263

Amount of Each Receipt this Period

3250.00

P/R Deduction (\$250.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JOY O HIGA

Mailing Address 2208 ELM AVENUE

City

MANHATTAN BEACH

State

CA

Zip Code

90266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Dir Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2402446226263

Amount of Each Receipt this Period

390.00

P/R Deduction (\$30.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

SOHINI G JINDAL

Mailing Address 19513 MILL DAM PLACE

City

LANSDOWNE

State

VA

Zip Code

20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2402446326263

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

4940.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

RUSSELL C PETRELLA

Mailing Address 4612 MOORLAND AVENUE

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

President Americhoice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: PR2402446426263

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CORY ALEXANDER

Mailing Address 4203 BRADLEY LANE

City

CHEVY CHASE

State

MD

Zip Code

20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Gov't Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: PR2405428826263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH R STEVENS

Mailing Address 1621 BERKSHIRE RD

City

COLUMBUS

State

OH

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

618.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: PR2405429126263

Amount of Each Receipt this Period

618.80

P/R Deduction (\$47.60 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

4418.70

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

RODNEY CHARLES ARMSTEAD

Mailing Address 406 LEWELEN CIRCLE

City

ENGLEWOOD

State

NJ

Zip Code

07631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2405430226263

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

NANCY M ELLISON

Mailing Address PO BOX 82872

City

KENMORE

State

WA

Zip Code

98028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2408544626263

Amount of Each Receipt this Period

500.00

P/R Deduction (\$500.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KAREN ANN SAELENS

Mailing Address 105 N FLORENCE AVE

City

LITCHFIELD PARK

State

AZ

Zip Code

85340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2408544826263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

KATHLYN G WEE

Mailing Address 4118 38TH ST NW

City

WASHINGTON

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2408545026263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY SEAN CORZINE

Mailing Address 7649 EARLINGTON PARKWAY

City

DUBLIN

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Dir General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2437119726263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DAVID K LIVINGSTON

Mailing Address 24570 RIDGE POLE COURT

City

SOUTH LYON

State

MI

Zip Code

48178

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Plan President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2437120226263

Amount of Each Receipt this Period

325.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

845.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JACK S WEISS

Mailing Address 6245 NORTH 75 STREET

City

SCOTTSDALE

State

AZ

Zip Code

85250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Natl Medical Director/CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2437120526263

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

PAUL JOSEPH BALTHAZOR

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City

BROOKLYN PARK

State

MN

Zip Code

55443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Business Segment CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2437120726263

Amount of Each Receipt this Period

780.00

P/R Deduction (\$60.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KELLY L CLARK

Mailing Address 13540 BIRCHWOOD AVENUE

City

ROSEMOUNT

State

MN

Zip Code

55068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Business Segment CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2437121326263

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1604.98

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

LAURA L NESS

Mailing Address 10550 PINNACLE WAY

City

WOODBURY

State

MN

Zip Code

55129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2437121526263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$39.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ROBIN E LIPPERT

Mailing Address 522 4 STREET SOUTH EAST

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2059.52

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2439928026263

Amount of Each Receipt this Period

2059.52

P/R Deduction (\$226.19 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN M HEYMAN

Mailing Address 5300 SHERRILL AVENUE

City

CHEVY CHASE

State

MD

Zip Code

20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2444265726263

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

3619.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

LORI C MCDOUGAL

Mailing Address 19705 LAKEVIEW AVENUE

City

DEEPHAVEN

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

CEO - UMVS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2445015326263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DONALD S LANGER

Mailing Address 177 SOUTHBOROUGH ROAD

City

SOUTHINGTON

State

CT

Zip Code

06489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Plan President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2445015426263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CHARLES L WILKINS

Mailing Address 10827 MOUNT CURVE ROAD

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

CEO OH Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2445016626263

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

4059.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

SABRINA FERGUSON

Mailing Address 204 CHESTNUT DRIVE

City

BRANDON

State

MS

Zip Code

39047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Assoc Dir Clinical Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2445017226263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

EILEEN J LIVERANI

Mailing Address 100 BOSTOCK ROAD

City

SHOKAN

State

NY

Zip Code

12481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Dir Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2460167226263

Amount of Each Receipt this Period

360.10

P/R Deduction (\$27.70 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KARIN KEITEL

Mailing Address 3918 HAVEN ROAD

City

MINNETONKA

State

MN

Zip Code

55345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Business Segment Gen Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2460167626263

Amount of Each Receipt this Period

650.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1270.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
SHELBY P SOLOMON

Mailing Address 5702 BLAKE ROAD

City State Zip Code  
EDINA MN 55436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United HealthCare Services  
Inc

Occupation  
President Payer & Government

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1495.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2460167926263

Amount of Each Receipt this Period

1495.00

P/R Deduction (\$115.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
JELKA S PETROVIC

Mailing Address 4454 PEPPER MILL LANE

City State Zip Code  
ORION MI 48359

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2460168026263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
LARRY C RENFRO

Mailing Address 5 DOVE LANE

City State Zip Code  
ANDOVER MA 01810

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United HealthCare Services  
Inc

Occupation  
CEO PSMG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2460168126263

Amount of Each Receipt this Period

2499.90

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

4254.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

DAVID B ORBUCH

Mailing Address 3370 SYCAMORE LANE

City

PLYMOUTH

State

MN

Zip Code

55441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Chief Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.50

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2460168226263

Amount of Each Receipt this Period

500.50

P/R Deduction (\$38.50 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ERIC J WEXLER

Mailing Address 7220 WILLOW OAK DR

City

WEST BLOOMFIELD

State

MI

Zip Code

48324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Deputy General Counsel (Mgr)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2463723126263

Amount of Each Receipt this Period

416.00

P/R Deduction (\$32.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KAREN L WALKOWSKI

Mailing Address 6359 COUNTRY ROAD

City

EDEN PRAIRIE

State

MN

Zip Code

55346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Assoc Dir Provider Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2463723426263

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1176.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

SUE SCHICK

Mailing Address 319 BERKLEY ROAD

City

MERION STATION

State

PA

Zip Code

19066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2480620526263

Amount of Each Receipt this Period

1625.00

P/R Deduction (\$125.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JO ANNE M ANDERSON

Mailing Address 6236 KNOLL DRIVE

City

EDINA

State

MN

Zip Code

55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Integration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2484541626263

Amount of Each Receipt this Period

923.00

P/R Deduction (\$71.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MATTHEW A BURNS

Mailing Address 250 6TH STREET EAST  
APT 407

City

ST PAUL

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Dir Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2484541726263

Amount of Each Receipt this Period

650.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

3198.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JAMES F COPPENS

Mailing Address 5965 LAKE LINDEN COURT

City

SHOREWOOD

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Total Compensation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.95

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2484541926263

Amount of Each Receipt this Period

820.95

P/R Deduction (\$63.15 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

LILLIAN R HECKMAN

Mailing Address 552 DEER LAKE CIRCLE

City

BLUE BELL

State

PA

Zip Code

19422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Six Sigma Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2484542126263

Amount of Each Receipt this Period

390.00

P/R Deduction (\$30.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KEVIN KNARR

Mailing Address 3138 O STREET NW

City

WASHINGTON

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2484542326263

Amount of Each Receipt this Period

499.98

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1710.93

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JERI G KUBICKI

Mailing Address 619 GIST AVENUE

City

SILVER SPRING

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
IncOccupation  
VP Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: PR2486697826263

Amount of Each Receipt this Period

650.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

THOMAS B MANDERFELD

Mailing Address 4835 PENN AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
IncOccupation  
VP General Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: PR2486697926263

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DIRK C MCMAHON

Mailing Address 1608 SUMMIT OAKS CT

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
IncOccupation  
CEO & President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: PR2491457026263

Amount of Each Receipt this Period

1300.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

2470.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JOHN G NACKEL

Mailing Address 666 LINDA VISTA AVENUE

City

PASADENA

State

CA

Zip Code

91105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

SVP Ingenix Consulting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2491457226263

Amount of Each Receipt this Period

1261.00

P/R Deduction (\$97.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER S STANLEY

Mailing Address 12934 W 81ST AVE

City

ARVADA

State

CO

Zip Code

80005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Sr Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2491457426263

Amount of Each Receipt this Period

650.00

P/R Deduction (\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KATHRYN M SULLIVAN

Mailing Address 530 N LAKE SHORE DR # 2309

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Region CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2491457526263

Amount of Each Receipt this Period

1261.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

3172.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL SCOTT HARTLEY

Mailing Address 4313 MORNINGSIDE ROAD

City

EDINA

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2538641326263

Amount of Each Receipt this Period

500.00

P/R Deduction (\$500.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DAVID H REID

Mailing Address 1500 MASSACHUSETTS AVE NW  
# 114

City

WASHINGTON

State

DC

Zip Code

20005-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnitedHealth Group, Inc.

Occupation

Govt Rel Assoc Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2540175226263

Amount of Each Receipt this Period

365.00

P/R Deduction (\$365.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

KARA V SMITH

Mailing Address 3 14 STREET NORTH EAST

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1636.38

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2540175326263

Amount of Each Receipt this Period

1636.38

P/R Deduction (\$181.82 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

2501.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
EDWARD M CHESTON

Mailing Address 61 SPA ROAD

City State Zip Code  
ANNAPOLIS MD 21401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2541300326263

Amount of Each Receipt this Period

220.00

P/R Deduction (\$30.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
HYLLIUS R EDWARDS

Mailing Address PO BOX 44246

City State Zip Code  
DENVER CO 80201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2541300426263

Amount of Each Receipt this Period

400.00

P/R Deduction (\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
MATTHEW A KING

Mailing Address 1112 LORME COURT

City State Zip Code  
BRENTWOOD TN 37027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2541300526263

Amount of Each Receipt this Period

400.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1020.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JOHN VERSAGGI

Mailing Address 800 ALBANY AVENUE

City State Zip Code  
 ALEXANDRIA VA 22302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

952.40

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2541300826263

Amount of Each Receipt this Period

952.40

P/R Deduction (\$119.05 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JOHN F DOHERTY

Mailing Address 5338 SPILMAN AVENUE

City State Zip Code  
 SACRAMENTO CA 95819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Dir Govt Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2542024526263

Amount of Each Receipt this Period

350.00

P/R Deduction (\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

RICHARD E RAMSAY

Mailing Address 543 E LURAY AVE

City State Zip Code  
 ALEXANDRIA VA 22301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United HealthCare Services  
Inc

Occupation  
Govt Rel Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2542542226263

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1602.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

JEANNE M PACE

Mailing Address 458 MORENO ROAD

City

WYNNEWOOD

State

PA

Zip Code

19096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

KA Sr Sales Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2552313726263

Amount of Each Receipt this Period

1000.00

P/R Deduction (\$1000.00  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

RICHARD N BAER

Mailing Address 5700 SOUTH CHERRY CIRCLE

City

GREENWOOD VILLAGE

State

CO

Zip Code

80121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United HealthCare Services  
Inc

Occupation

EVP General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: PR2552960526263

Amount of Each Receipt this Period

4999.90

P/R Deduction (\$4999.90  
Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

5999.90

**TOTAL** This Period (last page this line number only) .....

202009.65

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 103

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

United Health Group Inc. Political Action Committee of New Mexico

Mailing Address 701 Pennsylvania Avenue, NW  
Suite 650

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10573.53

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: 33160227

Amount of Each Receipt this Period

10573.53

TRANSFER OF NM PAC FUNDS  
INTO FED PAC

**SUBTOTAL** of Receipts This Page (optional) .....

10573.53

**TOTAL** This Period (last page this line number only) .....

10573.53

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 103

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
Nebraska Leadership PAC (NELPAC)

Mailing Address P.O. Box 3325

City Omaha State NE Zip Code 68103

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Nebraska Leadership PAC (NELPAC)

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 32892658

Date of Disbursement

01 / 21 / 2011

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
Friends Of Roy Blunt

Mailing Address Po Box 278

City Strafford State MO Zip Code 65757

Purpose of Disbursement  
Void - Friends Of Roy Blunt

011

Category/  
Type

Candidate Name  
Roy Blunt

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 07

Transaction ID: 32892661

Date of Disbursement

01 / 21 / 2011

Amount of Each Disbursement this Period

-5000.00

Void - Friends Of Roy Blunt

**C.** Full Name (Last, First, Middle Initial)  
Friends Of Roy Blunt

Mailing Address Po Box 278

City Strafford State MO Zip Code 65757

Purpose of Disbursement  
DEBT RETIREMENT

011

Category/  
Type

Candidate Name  
Roy Blunt

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 07

General Debt 2010

Transaction ID: 32892663

Date of Disbursement

01 / 21 / 2011

Amount of Each Disbursement this Period

5000.00

DEBT RETIREMENT

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 103

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	<b>Transaction ID:</b> 32956943 <b>Date of Disbursement</b>
Mailing Address 430 S Capitol	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>15000.00</div>
Candidate Name	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Kevin Mccarthy For Congress	<b>Transaction ID:</b> 32956953 <b>Date of Disbursement</b>
Mailing Address PO Box 12667	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 1 1</div> </div>
City Bakersfield State CA Zip Code 93389	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1500.00</div>
Candidate Name Mr. Kevin McCarthy	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Heller For Congress	<b>Transaction ID:</b> 32956960 <b>Date of Disbursement</b>
Mailing Address PO Box 750580	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 1 1</div> </div>
City Las Vegas State NV Zip Code 89136	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Rep. Dean Heller	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

19000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 / 103

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 32957006

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Amount of Each Disbursement this Period

15000.00

**B.** Full Name (Last, First, Middle Initial)  
Cantor For Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement

Candidate Name  
Rep. Eric I. Cantor011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: 33026772

Date of Disbursement

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 1

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
Matheson For CongressMailing Address P O Box 521048  
Suite A

City Salt Lake City State UT Zip Code 84152

Purpose of Disbursement

Candidate Name  
Rep. James D. Matheson011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 02

Transaction ID: 33026775

Date of Disbursement

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 1

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

25000.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 82 / 103

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Bluegrass Committee	<b>Transaction ID:</b> 33026776 <b>Date of Disbursement</b>																				
Mailing Address 400 North Capitol Street NW #585	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	2		2	0	1	1												
City Washington State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Bluegrass Committee	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Upton For All Of Us	<b>Transaction ID:</b> 33026777 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 490	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	2		2	0	1	1												
City St. Joseph State MI Zip Code 49085	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Frederick Upton	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC	<b>Transaction ID:</b> 33026778 <b>Date of Disbursement</b>																				
Mailing Address 1220 L Street, NW Suite 100-263	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	2		2	0	1	1												
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) The Freedom Project	<b>Transaction ID:</b> 33026779 <b>Date of Disbursement</b>																				
Mailing Address 111 E Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	2		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Searchlight Leadership Fund	<b>Transaction ID:</b> 33026780 <b>Date of Disbursement</b>																				
Mailing Address 422 C St. NE Lower Level	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	2		2	0	1	1												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Searchlight Leadership Fund	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Roy Blunt	<b>Transaction ID:</b> 33042715 <b>Date of Disbursement</b>																				
Mailing Address Po Box 278	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	8		2	0	1	1												
City Strafford State MO Zip Code 65757	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Void - Friends Of Roy Blunt	<table border="1"> <tr> <td>-5000.00</td> </tr> </table>	-5000.00																			
-5000.00																					
Candidate Name Roy Blunt	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  Void - Friends Of Roy Blunt																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

Friends Of Roy Blunt

Mailing Address Po Box 278

City  
Strafford

State  
MO

Zip Code  
65757

Purpose of Disbursement  
2010 DEBT RETIREMENT

Candidate Name  
Roy Blunt

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼  
General Debt 2010

State: MO District: 07

Transaction ID: 33042717

Date of Disbursement

03 / 08 / 2011

Amount of Each Disbursement this Period

5000.00

2010 DEBT RETIREMENT

B.

Full Name (Last, First, Middle Initial)

Heller For Congress

Mailing Address PO Box 750580

City  
Las Vegas

State  
NV

Zip Code  
89136

Purpose of Disbursement  
Void - Heller For Congress

Candidate Name  
Rep. Dean Heller

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: 33052771

Date of Disbursement

03 / 11 / 2011

Amount of Each Disbursement this Period

-2500.00

Void - Heller For Congress

C.

Full Name (Last, First, Middle Initial)

Heller For Congress

Mailing Address PO Box 750580

City  
Las Vegas

State  
NV

Zip Code  
89136

Purpose of Disbursement

Candidate Name  
Rep. Dean Heller

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: 33052802

Date of Disbursement

03 / 11 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 103

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Ryan For Congress

Mailing Address P. O. Box 1919

City  
Janesville

State  
WI

Zip Code  
53547

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Paul D. Ryan

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District: 01

**Transaction ID:** 33087285

Date of Disbursement

03 / 15 / 2011

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Montanans For Tester

Mailing Address PO Box 1135

City  
Helena

State  
MT

Zip Code  
59624

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Jon Tester

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT

District:

**Transaction ID:** 33087325

Date of Disbursement

03 / 15 / 2011

Amount of Each Disbursement this Period

4000.00

**C.**

Full Name (Last, First, Middle Initial)

Montanans For Tester

Mailing Address PO Box 1135

City  
Helena

State  
MT

Zip Code  
59624

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Jon Tester

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MT

District:

**Transaction ID:** 33087331

Date of Disbursement

03 / 15 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 86 / 103

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Friends Of John Barrow

Mailing Address PO Box 8166

City  
Savannah

State  
GA

Zip Code  
31412

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. John Barrow

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA

District: 12

**Transaction ID:** 33087334

Date of Disbursement

03 / 15 / 2011

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

New Democrat Coalition Political Action Committee

Mailing Address 607 4th Street NW  
Suite 800

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

New Democrat Coalition Political Action Committee

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 33121233

Date of Disbursement

03 / 29 / 2011

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

National Republican Congressional Committee

Mailing Address 320 First Street, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 33161847

Date of Disbursement

04 / 12 / 2011

Amount of Each Disbursement this Period

15000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

21000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 87 / 103

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

AMERIPAC: The Fund for a Greater America

Mailing Address 607 14th Street, NW  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

AMERIPAC: The Fund for a Greater America

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 33161852

Date of Disbursement

04 / 12 / 2011

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Devin Nunes

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 21

Transaction ID: 33161855

Date of Disbursement

04 / 12 / 2011

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Lynn Jenkins For Congress

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Lynn Jenkins

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 02

Transaction ID: 33234614

Date of Disbursement

04 / 28 / 2011

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Wasserman-Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City  
Weston

State  
FL

Zip Code  
33326

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Wasserman Schultz Debbie

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 20

**Transaction ID:** 33235439

Date of Disbursement

04 / 28 / 2011

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Texans For Senator John Cornyn Inc

Mailing Address PO Box 13026  
Suite 180

City  
Austin

State  
TX

Zip Code  
78711

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. John Cornyn

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District:

**Transaction ID:** 33236170

Date of Disbursement

04 / 28 / 2011

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Pat Roberts For U S Senate Inc

Mailing Address PO Box 433

City  
Great Bend

State  
KS

Zip Code  
67530

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Pat Roberts

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District:

**Transaction ID:** 33239280

Date of Disbursement

04 / 28 / 2011

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 89 / 103

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Portman For Senate Committee

Mailing Address 8331 Little Harbor Drive

City  
Cincinnati

State  
OH

Zip Code  
45244

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Rob Portman

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2016

☒ Primary

☐ General

☐ Other (specify) ▼

State: OH

District:

Transaction ID: 33295411

Date of Disbursement

05 / 11 / 2011

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Pat Roberts For U S Senate Inc

Mailing Address PO Box 433

City  
Great Bend

State  
KS

Zip Code  
67530

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Pat Roberts

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2014

☐ Primary

☒ General

☐ Other (specify) ▼

State: KS

District:

Transaction ID: 33352979

Date of Disbursement

04 / 28 / 2011

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Dawg PAC

Mailing Address 3422 Porter Street, NW

City  
Washington

State  
DC

Zip Code  
20016

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Dawg PAC

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: 33362512

Date of Disbursement

05 / 25 / 2011

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Dave Camp For Congress

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

Candidate Name  
Rep. David Lee CampOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: 33363851

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	1

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Continuing A Majority Political Action Committee

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 33363854

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	1

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Scott Brown For Us Senate Committee Inc

Mailing Address 200 Reservoir Street

City Needham State MA Zip Code 02494

Purpose of Disbursement

Candidate Name  
Sen. Scott BrownOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District:

Transaction ID: 33404415

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

11000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Crowley For Congress

Mailing Address 84-56 Grand Avenue

City  
Elmhurst

State  
NY

Zip Code  
11373

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Joseph Crowley

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY

District: 07

**Transaction ID:** 33404421

Date of Disbursement

06 / 06 / 2011

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

The Blue Dog PAC

Mailing Address 227 Massachusetts Ave  
Suite 101

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

The Blue Dog PAC

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 33404435

Date of Disbursement

06 / 06 / 2011

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Boustany for Congress

Mailing Address PO Box 80126

City  
Lafayette

State  
LA

Zip Code  
70598

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Charles W. Boustany, Jr.

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA

District: 07

**Transaction ID:** 33404511

Date of Disbursement

06 / 06 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Graves for Congress

Mailing Address P.O. Box 34744

City  
Kansas City

State  
MO

Zip Code  
64116

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Sam Graves

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 06

Transaction ID: 33404519

Date of Disbursement

06 / 06 / 2011

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Friends Of John Barrasso

Mailing Address PO Box 52008

City  
Casper

State  
WY

Zip Code  
82605

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Mr. John Barrasso

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY District:

Transaction ID: 33404520

Date of Disbursement

06 / 06 / 2011

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

ERICPAC

Mailing Address 25 East Main Street, Suite 200

City  
Richmond

State  
VA

Zip Code  
23219

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
ERICPAC

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 33404521

Date of Disbursement

06 / 06 / 2011

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Carper For Senate

Mailing Address 19 East Commons Blvd Second Floor

City State Zip Code  
New Castle DE 19720

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Thomas R. Carper

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: DE District:

Transaction ID: 33404522

Date of Disbursement

06 / 06 / 2011

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Whitfield For Congress Committee

Mailing Address P.O. Box 391

City State Zip Code  
Hopkinsville KY 42241

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Edward Whitfield

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 01

Transaction ID: 33404523

Date of Disbursement

06 / 06 / 2011

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S. Capital St. 2nd Fl

City State Zip Code  
Washington DC 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 33484497

Date of Disbursement

06 / 24 / 2011

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S. Capital St. 2nd Fl

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 33484498

Date of Disbursement

06 / 24 / 2011

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S. Capital St. 2nd Fl

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 33484499

Date of Disbursement

06 / 24 / 2011

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
Friends Of Erik Paulsen

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Erik Paulsen

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 03

Transaction ID: 33484500

Date of Disbursement

06 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Hagan For Us Senate Inc

Mailing Address PO Box 29103

City  
Greensboro

State  
NC

Zip Code  
27429

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Kay Hagan

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

**Transaction ID:** 33484502

Date of Disbursement

06 / 24 / 2011

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Hagan For Us Senate Inc

Mailing Address PO Box 29103

City  
Greensboro

State  
NC

Zip Code  
27429

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Kay Hagan

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District:

**Transaction ID:** 33484503

Date of Disbursement

06 / 24 / 2011

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Tim Scott For Congress

Mailing Address 1405 Ashley River Road

City  
Charleston

State  
SC

Zip Code  
29407

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Tim Scott

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 01

**Transaction ID:** 33484504

Date of Disbursement

06 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

Heath Shuler for Congress

Mailing Address 38 Ivy Street, SE

City  
Washington

State  
DC

Zip Code  
20004

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Heath Shuler for Congress

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 11

Transaction ID: 33484505

Date of Disbursement

06 / 24 / 2011

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Michigan Republican Party

Mailing Address 520 Seymour Street

City  
Lansing

State  
MI

Zip Code  
48933

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 33484631

Date of Disbursement

06 / 27 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Michigan Republican Party

Mailing Address 520 Seymour Street

City  
Lansing

State  
MI

Zip Code  
48933

Purpose of Disbursement

Void - Michigan Republican Party

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 33484633

Date of Disbursement

06 / 27 / 2011

Amount of Each Disbursement this Period

-1000.00

Void - Michigan Republican  
Party

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

Michigan Republican Party

Mailing Address 520 Seymour Street

City  
Lansing

State  
MI

Zip Code  
48933

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 33484634

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	1

Amount of Each Disbursement this Period

1000.00

011

Category/  
Type

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

176500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
UnitedHealth Group Inc PAC of PA

Mailing Address 9900 Bren Road East

City State Zip Code  
Minnetonka MN 55343

Purpose of Disbursement  
Contributions to State PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 32898112

Date of Disbursement

01 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

Contributions to State PAC

**B.** Full Name (Last, First, Middle Initial)  
Citizens for Amstutz

Mailing Address 4456 Wood Lake Trail

City State Zip Code  
Wooster OH 44691

Purpose of Disbursement  
Ron Amstutz, STATE HOUSE 3rd OH

Candidate Name  
OH Rep. Ron Amstutz

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 03

Transaction ID: 33000375

Date of Disbursement

02 / 18 / 2011

Amount of Each Disbursement this Period

1000.00

Ron Amstutz, STATE HOUSE  
3rd OH

**C.** Full Name (Last, First, Middle Initial)  
Citizens for Sears

Mailing Address 6711 Monroe Street Building 3 Suit

City State Zip Code  
Sylvania OH 53560

Purpose of Disbursement  
Barbara Sears, STATE HOUSE 46th OH

Candidate Name  
OH Rep. Barbara Sears

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 46

Transaction ID: 33069457

Date of Disbursement

03 / 14 / 2011

Amount of Each Disbursement this Period

500.00

Barbara Sears, STATE HOUSE  
46th OH

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Team Burke	<b>Transaction ID:</b> 33069468 <b>Date of Disbursement</b>																				
Mailing Address 275 W. 4th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	4		2	0	1	1												
City Marysville State OH Zip Code 43040	Amount of Each Disbursement this Period																				
Purpose of Disbursement Dave Burke, STATE HOUSE 83rd OH	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name OH Rep. Dave Burke	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 83	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Dave Burke, STATE HOUSE 83rd OH																					
<b>B.</b> Full Name (Last, First, Middle Initial) Jimmy Stewart for State Senate	<b>Transaction ID:</b> 33234029 <b>Date of Disbursement</b>																				
Mailing Address 1021 Four Mile Creek Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	8		2	0	1	1												
City Collville State OH Zip Code 45723	Amount of Each Disbursement this Period																				
Purpose of Disbursement Jimmy Stewart, STATE SENATE 20th OH	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name OH Sen. Jimmy Stewart	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Jimmy Stewart, STATE SENA- TE 20th OH																					
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Faber	<b>Transaction ID:</b> 33234040 <b>Date of Disbursement</b>																				
Mailing Address 7706 St. Rt 703	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	8		2	0	1	1												
City Celina State OH Zip Code 45822	Amount of Each Disbursement this Period																				
Purpose of Disbursement Keith Faber, STATE SENATE 12th OH	<table border="1"> <tr> <td colspan="10">750.00</td> </tr> </table>	750.00																			
750.00																					
Candidate Name OH Sen. Keith Faber	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Keith Faber, STATE SENATE 12th OH																					

**SUBTOTAL** of Disbursements This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

Committee to Elect Niehaus

Mailing Address 1131 Little Indian Creek Road

City New Richmond State OH Zip Code 45157-9602

Purpose of Disbursement  
Tom Niehaus, STATE SENATE 14th OH

Candidate Name  
OH Sen. Tom Niehaus

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: 33234044

Date of Disbursement

04 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

Tom Niehaus, STATE SENATE  
14th OH

**B.**

Full Name (Last, First, Middle Initial)

Batchelder for Representative Committee

Mailing Address 105 West Liberty St.

City Medina State OH Zip Code 44256

Purpose of Disbursement  
William Batchelder, STATE HOUSE 69th OH

Candidate Name  
OH Rep. William Batchelder

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 69

Transaction ID: 33234045

Date of Disbursement

04 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

William Batchelder, STATE  
HOUSE 69th OH

**C.**

Full Name (Last, First, Middle Initial)

Citizens for Responsive Government

Mailing Address PO Box 23031

City Honolulu State HI Zip Code 96823-3031

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 33287042

Date of Disbursement

05 / 09 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 103

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
Pete Lund for State Representative

Mailing Address 6881 Muirfield Dr.

City State Zip Code  
Shelby Twp. MI 48316

Purpose of Disbursement  
Pete Lund, STATE HOUSE 36th MI

Candidate Name  
MI Rep. Pete Lund

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District: 36

Transaction ID: 33287044

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Pete Lund, STATE HOUSE 36-th MI

**B.** Full Name (Last, First, Middle Initial)  
Senate Republican Campaign Committee

Mailing Address P.O. Box 12023

City State Zip Code  
Lansing MI 48901

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: 33287047

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

**C.** Full Name (Last, First, Middle Initial)  
Citizens for Kevin Bacon

Mailing Address 5325 Ponderosa Drive

City State Zip Code  
Columbus OH 43231

Purpose of Disbursement  
Kevin Bacon, STATE SENATE 3rd OH

Candidate Name  
OH Rep. Kevin Bacon

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify) ▼

State: OH District:

Transaction ID: 33439290

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Kevin Bacon, STATE SENATE 3rd OH

**SUBTOTAL** of Disbursements This Page (optional) .....

4250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 102 / 103

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
Republican Senate Campaign Committee

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 33439291

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
UnitedHealth Group Inc PAC of PA

Mailing Address 9900 Bren Road East

City Minnetonka State MN Zip Code 55343

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 33459131

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
Jimmy Stewart for State Senate

Mailing Address 1021 Four Mile Creek Road

City Collville State OH Zip Code 45723

Purpose of Disbursement

Void - Jimmy Stewart for State Senate

Candidate Name  
OH Sen. Jimmy Stewart

Office Sought: ☐ House  
☒ Senate  
☐ President

State: OH District:

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 33566812

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-500.00

Void - Jimmy Stewart for  
State Senate

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

18500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 103 / 103

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

Judah C. Sommer

Mailing Address 701 Pennsylvania Ave NW  
Suite 530/650

City Washington State DC Zip Code 20004-2606

Purpose of Disbursement  
Refund of Contribution from 10/26/2010 (30 Post Election Report)

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 33043413

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2011

Amount of Each Disbursement this Period

5000.00

Refund of Contribution from 10/26/2010 (30 Post Election Report)

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

5000.00